



EVALBRIEF: SYSTEMS OF CARE

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Stage 1 of the Primary Care Provider Study: Preliminary Findings

Introduction

The November 2004 *EvalBrief* (Volume 6, Issue 2) introduced readers to the Primary Care Provider Study. The Primary Care Provider (PCP) Study was introduced during Phase IV of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. Phase IV includes communities funded in 2002, 2003, and 2004. This study was designed to investigate the role of PCPs in systems of care and to increase understanding of the impact of services provided within primary care settings on child and family outcomes.

The PCP Study is divided into three stages and is guided by a steering committee comprised of five community stakeholders: a system of care project director, a mental health service provider, a PCP, a youth representative, and a family representative. This *EvalBrief* presents preliminary findings from Stage 1 of the PCP Study. Quantitative findings are based on intake data gathered from the Enrollment and Demographic Information Form (EDIF) and the Caregiver Information Questionnaire (CIQ).

Stages

Stage 1 emphasizes the analysis of descriptive data on participating children's health status, care, and financing to address these questions:

- ▶ What is the physical health status, health care utilization, and health care financing status of children participating in the program?
- ▶ How do these factors vary over time?
- ▶ How do these factors affect child and family outcomes?

These descriptive data are collected on the EDIF and CIQ, administered routinely as part of the larger national evaluation. The EDIF is a Web-based questionnaire completed on all children who receive services in CMHS-supported systems of care. Children enrolled in the Longitudinal Child and Family Outcome Study also complete a follow-up version of the EDIF called the Child

Study Highlights

- ▶ *The Primary Care Provider Study, introduced during Phase IV of the national evaluation, investigated the role of primary care providers in systems of care and the impact of services provided within primary care settings on child and family outcomes.*
- ▶ *The majority of caregivers (86.8%) reported having a primary care provider.*
- ▶ *Very few children in system-of-care services (1.7%) were referred from physical health agencies; only 1.1% of physical health staff representatives participated in the initial service planning for children in systems of care.*
- ▶ *Caregivers reported that a fairly large percentage of children (44%) had a recurring or chronic health problem; 61.2% of these children were currently taking medications for their problems.*
- ▶ *In the past 6 months, 34.8% of children had their daily activities disrupted by their recurring or chronic physical health problems.*
- ▶ *Overall, more effort needs to be made to integrate primary health care services and system-of-care services.*

Information Update Form (CIUF) every 6 months for 36 months. Data gathered from the EDIF relevant to the PCP Study include information on children's general medical conditions, which agency or person referred the child into system-of-care services, what types of providers the child was involved with at intake, who was involved in developing the child's service plan at intake into system-of-care services, and what types of insurance or financial assistance the child received within the past 6 months.

The CIQ is administered to caregivers of children enrolled in the Longitudinal Child and Family Outcome Study at intake and every 6 months for 36 months. The CIQ includes several questions about the child's physical health such as whether the child has a recurring or chronic physical health problem(s), whether the child is taking medication related to the problem(s), and how often routine and emergency medical services were utilized in the past 6 months.

Stage 2 uses qualitative data to address the question, "What factors influence PCPs' active participation in the care of children who are being served within systems of care?" The methodology used for Stage 2 included large and small in-person and telephone discussion groups, and a single key information interview. Stage 2 data were gathered from February through July 2005. Stage 2 results, including discussion of clinical outcomes and qualitative findings, will be reported in a future *EvalBrief*; however, the larger overall goal is to use this data to develop a Primary Care Provider Survey to be administered in Stage 3.

Stage 3 will address the question, "How do health care services provided by PCPs influence child and family outcomes?" Ten PCPs from each of the Phase IV grant communities will be asked to complete the PCP Survey, comprised of mostly closed-ended questions related to primary health care services, children's mental health, and systems of care. Providers will be able to respond to either a Web or paper-and-pencil version of the survey. This process is scheduled to begin in late 2006 and will continue for 3 years. Data from the PCP survey will be combined with data from the Longitudinal Child and Family Outcome Study to examine relationships between primary care, systems of care, and clinical and functional outcomes.

Results

EDIF Information

As of July 1, 2005, 2,902 EDIFs were available for analysis. The demographic characteristics of children receiving services in grant communities that were funded in 2002 and 2003 appear in Table 1 (data collection for grant communities funded in 2004 has not yet begun). The majority of children were male (65.1%), either White or African-American, and had a mean age of 12.4. These findings are consistent with the characteristics of children participating in previous phases of the national evaluation (CMHS, 1997, 1998, 1999, 2000, 2001).

Table 1
Demographic Characteristics of Children Served

Gender	(n = 2,902)
Male	
Female	
Average Age	12.4
	(n = 2,874)
Categorical Age	(n = 2,864)
Birth to 3 years	2.0%
4 to 6 years	7.0%
7 to 11 years	27.2%
12 to 14 years	28.3%
15 to 18 years	33.7%
19 to 21 years	2.0%
Race^a	(n = 2,859)
American Indian or Alaska Native	7.5%
Asian	1.1%
Black or African-American	31.5%
Native Hawaiian or Other Pacific Islander	4.8%
Hispanic Origin	22.1%
White	43.5%
Multi-racial	21.3%
Other	0.6%

^a Because individuals may claim more than one racial background, race may sum to more than 100%.

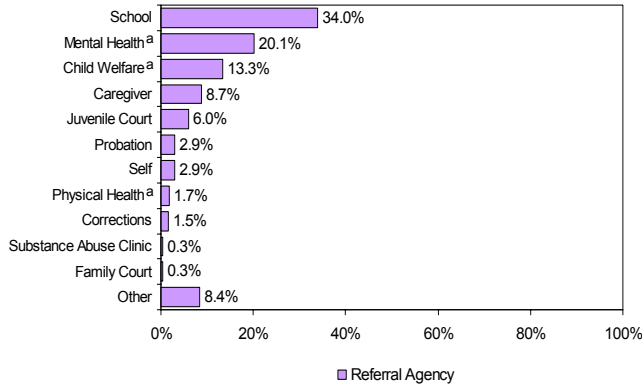
Figure 1 summarizes information on referrals into systems of care. With regard to PCP's involvement in systems of care, as illustrated in Figure 1, very few children were referred into systems of care by any type of physical health provider (1.7%). Furthermore, the involvement of physical health staff in the development of service planning at intake remained quite low (see Figure 2). Regarding health care financing, as seen in Table 2, the majority of children (68.7%) received Medicaid benefits in the past 6 months; the next largest financing source was private insurance (19.6%).

Table 2
Health Care Funding Sources

Source	Percentage^a (n = 2,212)
Medicaid	68.7%
Private Insurance	19.6%
Supplemental Security Income	8.4%
Temporary Assistance for Needy Families	6.1%
Children's Health Insurance Program	4.7%
Other	19.6%

^a Because individuals may receive benefits from more than one source, the percentages may sum to more than 100%.

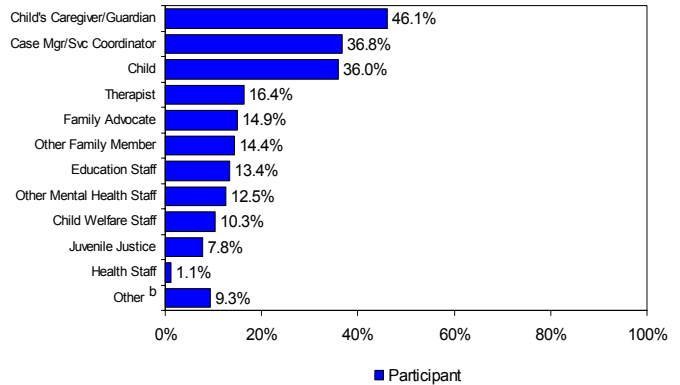
Figure 1
Intake Agency



n = 2,902.

^a Mental health = Mental health agency, clinic, or provider; Physical health = Physical health care agency, clinic, or provider; Child welfare = Child welfare agency or child protective services.

Figure 2
Participation in Service Plan Development



n = 2,902.

^a Because more than one participant may be involved in the development of the service plan, participants may sum to more than 100%.

^b Other includes School Resource Officer, Teacher, Psychiatrist, Youth Advocate, Foster Home Staff, AmeriCorp Worker, School Principal, and Big Brother.

CIQ Information

Physical Health Status

As of July 1, 2005, 792 CIQs were available for analysis. Forty-four percent of caregivers whose children were participating in the Longitudinal Child and Family Outcome Study reported that their child had a recurring or chronic physical health problem. Caregivers' identified asthma, allergies, and headaches as the most common problems. The majority of caregivers (61.2%) reported that their child was currently taking medication related to the problem; 25.4% of those currently *not* taking medications for physical health problems had taken medications in the past 6 months. Finally, 34.8% reported that their child's regular activities had been

disrupted by their physical health problem in the past 6 months.

Service Utilization

The majority of caregivers (86.8%) indicated that their child had a primary health care provider; pediatricians (59.7%) were the most frequently identified type of primary health care provider. During the 6 months prior to intake into system-of-care services, it appears that the majority of children had seen a PCP either for routine care such as health exams (59.5%) or some other reasons (61.6%). Although hospitalization rates were quite low (5.1%), almost a quarter of children (23.4%) had gone to the emergency room for a physical health problem during the same time period.

Table 3
Physical Health Status

	Yes	No
Does the child have a recurring or chronic physical health problem? (<i>n</i> = 785)	43.7%	56.3%
^a Is the child currently taking medication related to their physical health problem(s)? (<i>n</i> = 340)	61.2%	38.8%
^b In the last 6 months, has the child taken medication related to their physical health problem(s)? (<i>n</i> = 130)	25.4%	74.6%
^a During the past 6 months, have the regular activities that the child participates in been disrupted because of problems related to their physical health problem(s)? (<i>n</i> = 339)	34.8%	65.2%

^a Caregivers were only asked this question if they reported that their child suffered from a recurring or chronic physical health problem.

^b Caregivers were only asked this question if they reported that their child suffered from a recurring or chronic physical health problem and were *not* currently taking medications related to the problem.

Table 4
Health Care Utilization in the Past 6 Months

	Yes	No
Does the child have a primary health care provider? (n = 785)	86.8%	13.2%
^a What type of provider? (n = 665)		
Pediatrician	59.7%	
Other physician	33.7%	
Physician's assistant	3.0%	
Nurse practitioner	2.9%	
No consistent primary health care provider	0.8%	
In the past 6 months, has the child . . .		
Had a routine health exam? (n = 778)	59.5%	40.5%
Seen a doctor or other primary health care provider for a physical health problem? (n = 777)	61.6%	38.9%
Gone to an emergency room to seek treatment for a physical health problem? (n = 781)	23.4%	76.6%
Been hospitalized for a physical health problem? (n = 782)	5.1%	94.9%

^a Caregivers were only asked this question if they reported that their child had a primary health care provider.

Summary

One of the goals of systems of care is to provide interagency collaboration and coordination (Stroul & Friedman, 1986); however, preliminary findings from the PCP Study indicate that more effort is needed to integrate primary health care services into systems of care. This conclusion is based on the fact that a fairly large percentage of children have a comorbid physical health problem serious enough to disrupt regular daily activities and require medication, yet physical health staff were involved in service planning only 1.1% of the time. Furthermore, the issue does not appear to be a lack of personnel, as 86.8% of caregivers reported having a primary care provider. Qualitative results from Stage 2 will help identify barriers perceived by community stakeholders to the integration of primary care services with system-of-care services.

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